

LO5006100985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

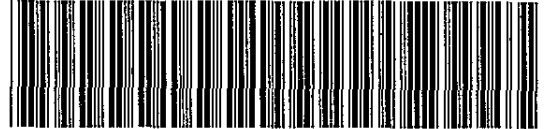
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Shivers OCT 13 2005

**BAKER  
DONELSON**  
BEARMAN, CALDWELL  
& BERKOWITZ, PC

1800 REPUBLIC CENTRE  
633 CHESTNUT STREET  
CHATTANOOGA, TENNESSEE 37450  
PHONE: 423.756.2010  
FAX: 423.756.3447

www.bakerdonelson.com

SHARON SIMMONS, PARALEGAL  
Direct Dial: 423-752-4413  
Direct Fax: 423-752-9584  
E-Mail Address: ssimmons@bakerdonelson.com

October 11, 2005

Florida Department of State  
Division of Corporations – Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**VIA FEDERAL EXPRESS**

Re: U.S. Electric Supply, LLC

Dear Ladies and Gentlemen:

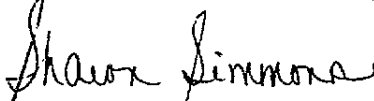
Enclosed you will find a Cover Letter form and Articles of Organization for U.S. Electric Supply, LLC, along with our check payable to you in the amount of \$125.00. Please file these Articles for us as soon as possible, and send the filing acknowledgment to my attention.

If you have any questions or if there is a problem, please let me know. For your convenience, my direct number, fax number, and e-mail address are listed above.

Thank you.

Very truly yours,

BAKER, DONELSON, BEARMAN,  
CALDWELL & BERKOWITZ, P.C.



Sharon Simmons, Paralegal for  
Louann Prater Smith, Esq.

ss  
Enclosures

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** U.S. ELECTRIC SUPPLY, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Simmons, Paralegal

(Name of Person)

Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

(Firm/Company)

1800 Republic Centre, 633 Chestnut Street

(Address)

Chattanooga, Tennessee 37450

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Simmons

(Name of Person)

at ( 423 ) 752-4413

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

U.S. ELECTRIC SUPPLY, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

2201 N.W. Corporate Boulevard, Suite 108  
Boca Raton, Florida  
33431

2201 N.W. Corporate Boulevard, Suite 108  
Boca Raton, Florida  
33431

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jon O. Fullerton

Name

2201 N.W. Corporate Boulevard, Suite 108

Florida street address (P.O. Box NOT acceptable)

Boca Raton, FL 33431

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Jon O. Fullerton

2201 NW Corporate Boulevard, Suite 108

Boca Raton, Florida 33431

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: (n/a) (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jon O. Fullerton

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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TALLAHASSEE, FLORIDA